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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Whitehouse, Sheldon, , ,										
	(b) Address (number and street) P.O. Box 40280	☐ Check if address changed				2. Candidate's FEC Identification Number S6RI00221					
	(c) City, State, and ZIP Code					3. Is This		New		Ame	nded
	Providence		R	l 029	10	Staten	nent 🗶	(N) <b>(</b>	OR	(A)	
4.	Party Affiliation	5. Office Sou	ght		6. State & Dist	trict of Candi	date				
	DEMOCRATIC PARTY	Senate	!		RI						
	DE	SIGNATIC	N OF PR	INCIPAL	. CAMPAIGN	и сомм	ITTEE				
7.	I hereby designate the following na	med political co	ommittee as n	ny Principal	Campaign Comr	mittee for the	2024 (year of ele		election	n(s).	
	NOTE: This designation should be	iled with the ap	opropriate offi	ce listed in	the instructions.						
	(a) Name of Committee (in full)	-1-									
	Whitehouse for Sen	ate									
	(b) Address (number and street) P.O. Box 40280										
	(c) City, State, and ZIP Code										
	Providence				RI	02940	)				
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMIT	TEES				
		(	Including Joir	nt Fundraisi	ng Representativ	res)					
0	I havely suthering the fallowing page		udajah ia NO	T			and and		مام مام	on babalf of	
ο.	I hereby authorize the following nar candidacy.	nea committee	, WHICH IS NO	i iliy pililci	oai campaign con	mmillee, to re	eceive and e	ехрепа п	unus c	ni beriali di	Пу
	NOTE: This designation should be	iled with the pr	incipal campa	aign commit	tee.						
	(a) Name of Committee (in full)										
	(a) Name of Committee (in full)	v Eund 20	110								
	Rhode Island Victor	y Fund 20	J18								
	(b) Address (number and street) 124 Washington Street										
	_										
	Suite 101 (c) City, State, and ZIP Code										
	•										
	Foxboro				MA	02035					
	I certify that I have exa	mined this Sta	tement and to	the best o	my knowledge a	and belief it is	s true, correc	ct and co	omplei	te.	
Signature of Candidate Date											
	Whitehouse Shelden										
	menouse, sherdon, , ,			[Elec	ctronically Filed]	11/09/20	118				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	2

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	Rhode Island Pennsylvania Victory Fund									
	(b) Address (number and street) 918 Pennsylvania Ave SE									
	(c) City, State, and ZIP Code									
	Washington	DC	20003							
8.	. I hereby authorize the following named committee, which is NOT my princ candidacy. <b>NOTE</b> : This designation should be filed with the principal cam									
	(a) Name of Committee (in full)									
	Rhode Island Minnesota Victory Fund									
	(b) Address (number and street) 918 Pennsylvania Ave SE									
	(c) City, State, and ZIP Code									
	Washington	DC	20003							
8.	. I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE: This designation should be filed with the principal campa.  (a) Name of Committee (in full)  Rhode Island Senate Victory 2018									
	(b) Address (number and street) 120 Maryland Ave NE									
	(c) City, State, and ZIP Code									
	Washington	DC	20002							
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds o candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									